

DEC 06 2005

Atty Docket No. 15114H-068300US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner DINH, PAUL

Group Art Unit 2825

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER DINH, PAUL

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of JACKSON, ROBERT,
Application No. 10/618,060, filed July 11, 2003 for SYSTEM DESIGN TOOLS are being facsimile
transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal-1 Page
2. Petition for Extension of Time-In Duplicate
3. Notice of Appeal-In Duplicate
4. Amendment-7 Pages

Number of pages being transmitted, including this page: 13

Dated: December 6, 2005


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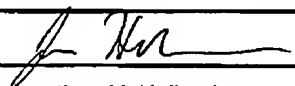
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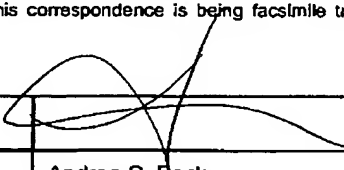
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/618,060
	Filing Date	July 11, 2003
	First Named Inventor	Jackson, Robert
	Art Unit	2825
	Examiner Name	DINH, PAUL
	Attorney Docket Number	15114H-068300US
Total Number of Pages in This Submission		12

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Jonathan M. Hollander	
Date	12/6/05	Reg. No. 48,717

CERTIFICATE OF TRANSMISSION/MAILING		
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